

03/16/00  
jc662 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No.		0198/053		
		First Named Inventor or Application Identifier			Sylvie Veriac et al.	
		Title		Reagent For Determination Of Leucocytes And Measurement Of Haemoglobin In A Sample Of Blood		
		Express Mail Label No.				

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Applications Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Filing Fee as calculated below. 2. <input checked="" type="checkbox"/> Specification [Total Pages [16] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages [2] 4. Oath or Declaration [Total Pages [2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer readable copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement Verifying identity of abo copies 8. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 15. <input checked="" type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 14. <input checked="" type="checkbox"/> Other: Submission of Priority claim from France 9903467 filed March 19, 1999 & French Search Report	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. /

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label		<i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> correspondence address below	
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NAME	Pollock, Vande Sande & Amernick, R.L.L.P.				
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# Fee Calculation and Transmittal

(Col 1)		(Col 2)		(Col 3)	SMALL ENTITY		OR	NON-SMALL ENTITY	
	NO. FILED			NO. EXTRA	RATE	FEE		RATE	FEE
TOTAL	11	minus	20	= 0	x9=	\$		x18=	\$0
INDEP	1	minus	3	= 0	x39=	\$		x78=	\$0
_ First Presentation, Multiple Dependent Claims					+130=	\$		+260=	\$
Base Filing Fee						\$345			\$690
Other Fee (specify purpose) <u>Assignment recordal</u>						\$			\$40
TOTAL FILING FEE* (accounting for possible small entity status)						\$	OR TOTAL		\$730



A check in the amount of **\$730.00** to cover the filing fee is enclosed



No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.



The Commissioner is hereby authorized to charge and credit Deposit Account No. **22-0185** as described below. A duplicate copy of this sheet is enclosed.



Charge the amount of \$ as filing fee




Credit any overpayment.



Charge any additional filing fees required under 37 CFR § 1.16



Charge any additional filing fees required under 37 CFR § 1.17

Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature			Date 3-15-00

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